

Fill in this information to identify your case:

Debtor 1 Loy E Augustus Dubreze

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA

Case number 15-59332  
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form B 6I

### Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

		Debtor 1	Debtor 2 or non-filing spouse
<p>1. Fill in your employment information.</p> <p>If you have more than one job, attach a separate page with information about additional employers.</p> <p>Include part-time, seasonal, or self-employed work.</p> <p>Occupation may include student or homemaker, if it applies.</p>	Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not employed
	Occupation	Teacher	
	Employer's name	Gwinnett County Public Schools	
	Employer's address	437 Old Peachtree Road NW Suwanee, GA 30024	
	How long employed there?	9 Years	

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ 4,118.92	\$ N/A
3. Estimate and list monthly overtime pay.	+\$ 0.00	+\$ N/A
4. Calculate gross income. Add line 2 + line 3.	\$ 4,118.92	\$ N/A

Debtor 1 **Loy E Augustus Dubreze**

Case number (if known) **15-59332**

		For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4.	\$ <b>4,118.92</b>	\$ <b>N/A</b>
<b>5. List all payroll deductions:</b>			
5a. Tax, Medicare, and Social Security deductions	5a.	\$ <b>198.98</b>	\$ <b>N/A</b>
5b. Mandatory contributions for retirement plans	5b.	\$ <b>247.14</b>	\$ <b>N/A</b>
5c. Voluntary contributions for retirement plans	5c.	\$ <b>247.14</b>	\$ <b>N/A</b>
5d. Required repayments of retirement fund loans	5d.	\$ <b>0.00</b>	\$ <b>N/A</b>
5e. Insurance	5e.	\$ <b>336.03</b>	\$ <b>N/A</b>
5f. Domestic support obligations	5f.	\$ <b>0.00</b>	\$ <b>N/A</b>
5g. Union dues	5g.	\$ <b>0.00</b>	\$ <b>N/A</b>
5h. Other deductions. Specify: <b>Flex Spending</b>	5h.+	\$ <b>83.33</b>	\$ <b>N/A</b>
Disability Insurance		\$ <b>61.19</b>	\$ <b>N/A</b>
Life Insurance		\$ <b>27.30</b>	\$ <b>N/A</b>
ARAG Legal Insurance		\$ <b>22.12</b>	\$ <b>N/A</b>
United Way		\$ <b>5.00</b>	\$ <b>N/A</b>
<b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$ <b>1,228.23</b>	\$ <b>N/A</b>
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7.	\$ <b>2,890.69</b>	\$ <b>N/A</b>
<b>8. List all other income regularly received:</b>			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$ <b>0.00</b>	\$ <b>N/A</b>
8b. Interest and dividends	8b.	\$ <b>0.00</b>	\$ <b>N/A</b>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$ <b>0.00</b>	\$ <b>N/A</b>
8d. Unemployment compensation	8d.	\$ <b>0.00</b>	\$ <b>N/A</b>
8e. Social Security	8e.	\$ <b>0.00</b>	\$ <b>N/A</b>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$ <b>0.00</b>	\$ <b>N/A</b>
8g. Pension or retirement income	8g.	\$ <b>0.00</b>	\$ <b>N/A</b>
8h. Other monthly income. Specify:	8h.+	\$ <b>0.00</b>	\$ <b>N/A</b>
<b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$ <b>0.00</b>	\$ <b>N/A</b>
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$ <b>2,890.69</b>	\$ <b>N/A</b>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify:	11.	+\$ <b>0.00</b>	
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12.	\$ <b>2,890.69</b> <b>Combined monthly income</b>	
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>			
<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain:			

Fill in this information to identify your case:

Debtor 1 Loy E Augustus Dubreze

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA

Case number 15-59332  
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:  
\_\_\_\_\_  
MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

## Official Form B 6J

### Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Son

15

☐ No

☒ Yes

Daughter

19

☐ No

☒ Yes

☐ No

☐ Yes

☐ No

☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 899.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 0.00

4d. Homeowner's association or condominium dues

4d. \$ 50.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Loy E Augustus Dubreze**

Case number (if known) **15-59332**

<b>6. Utilities:</b>		
6a. Electricity, heat, natural gas	6a. \$	<b>200.00</b>
6b. Water, sewer, garbage collection	6b. \$	<b>75.00</b>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	<b>205.00</b>
6d. Other. Specify: _____	6d. \$	<b>0.00</b>
<b>7. Food and housekeeping supplies</b>	7. \$	<b>440.00</b>
<b>8. Childcare and children's education costs</b>	8. \$	<b>0.00</b>
<b>9. Clothing, laundry, and dry cleaning</b>	9. \$	<b>0.00</b>
<b>10. Personal care products and services</b>	10. \$	<b>0.00</b>
<b>11. Medical and dental expenses</b>	11. \$	<b>0.00</b>
<b>12. Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	<b>150.00</b>
<b>13. Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$	<b>0.00</b>
<b>14. Charitable contributions and religious donations</b>	14. \$	<b>0.00</b>
<b>15. Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	<b>0.00</b>
15b. Health insurance	15b. \$	<b>0.00</b>
15c. Vehicle insurance	15c. \$	<b>121.00</b>
15d. Other insurance. Specify: _____	15d. \$	<b>0.00</b>
<b>16. Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____		
	16. \$	<b>0.00</b>
<b>17. Installment or lease payments:</b>		
17a. Car payments for Vehicle 1	17a. \$	<b>0.00</b>
17b. Car payments for Vehicle 2	17b. \$	<b>0.00</b>
17c. Other. Specify: _____	17c. \$	<b>0.00</b>
17d. Other. Specify: _____	17d. \$	<b>0.00</b>
<b>18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).</b>		
	18. \$	<b>0.00</b>
<b>19. Other payments you make to support others who do not live with you.</b>		
	\$	<b>0.00</b>
Specify: _____		
<b>20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>		
20a. Mortgages on other property	20a. \$	<b>0.00</b>
20b. Real estate taxes	20b. \$	<b>0.00</b>
20c. Property, homeowner's, or renter's insurance	20c. \$	<b>0.00</b>
20d. Maintenance, repair, and upkeep expenses	20d. \$	<b>0.00</b>
20e. Homeowner's association or condominium dues	20e. \$	<b>0.00</b>
<b>21. Other:</b> Specify: _____		
	21. +\$	<b>0.00</b>
<b>22. Your monthly expenses.</b> Add lines 4 through 21. The result is your monthly expenses.		
	22. \$	<b>2,230.00</b>
<b>23. Calculate your monthly net income.</b>		
23a. Copy line 12 ( <i>your combined monthly income</i> ) from Schedule I.	23a. \$	<b>2,890.69</b>
23b. Copy your monthly expenses from line 22 above.	23b. -\$	<b>2,230.00</b>
<b>23c. Subtract your monthly expenses from your monthly income.</b> The result is your <i>monthly net income</i> .		
	23c. \$	<b>660.69</b>
<b>24. Do you expect an increase or decrease in your expenses within the year after you file this form?</b> For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.		
Explain: _____		

United States Bankruptcy Court  
Northern District of Georgia

In re **Loy E Augustus Dubreze**

Debtor(s)

Case No. **15-59332**

Chapter **13**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S) - AMENDED**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$ <u>1,350.00</u>
Prior to the filing of this statement I have received .....	\$ <u>1,350.00</u>
Balance Due .....	\$ <u>0.00</u>
2. The source of the compensation paid to me was:  
☐ Debtor ☒ Other (specify): **ARAG Legal Insurance**
3. The source of compensation to be paid to me is:  
☒ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
  - a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
  - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
  - d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
  - e. [Other provisions as needed]
6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding. Pursuant to General Order No. 9, I certify that I provided to the debtor(s) a copy of the "Rights and Responsibilities Statement Between Chapter 13 Debtors and Their Attorneys."

Dated: **July 16, 2015**

/s/ Curtis L. Chronister Jr.  
**Curtis L. Chronister Jr. 940565**  
**Chronister Law Firm, LLC**  
**1805 Herrington Road**  
**Bldg 3 Suite B**  
**Lawrenceville, GA 30043**  
**678-551-7776 Fax: 678-550-9187**  
**curtis@chronisterlawfirm.com**

**United States Bankruptcy Court**  
**Northern District of Georgia**

In re **Loy E Augustus Dubreze**,  
 Debtor

Case No. **15-59332**

Chapter **13**

**SUMMARY OF SCHEDULES - AMENDED**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	<b>Yes</b>	<b>1</b>	<b>105,600.00</b>		
B - Personal Property	<b>Yes</b>	<b>3</b>	<b>36,700.00</b>		
C - Property Claimed as Exempt	<b>Yes</b>	<b>1</b>			
D - Creditors Holding Secured Claims	<b>Yes</b>	<b>1</b>		<b>149,592.24</b>	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	<b>Yes</b>	<b>1</b>		<b>0.00</b>	
F - Creditors Holding Unsecured Nonpriority Claims	<b>Yes</b>	<b>5</b>		<b>99,235.99</b>	
G - Executory Contracts and Unexpired Leases	<b>Yes</b>	<b>1</b>			
H - Codebtors	<b>Yes</b>	<b>1</b>			
I - Current Income of Individual Debtor(s)	<b>Yes</b>	<b>2</b>			<b>2,890.69</b>
J - Current Expenditures of Individual Debtor(s)	<b>Yes</b>	<b>2</b>			<b>2,230.00</b>
Total Number of Sheets of ALL Schedules		<b>18</b>			
Total Assets			<b>142,300.00</b>		
Total Liabilities				<b>248,828.23</b>	

**United States Bankruptcy Court**  
**Northern District of Georgia**

In re **Loy E Augustus Dubreze**,  
Debtor

Case No. **15-59332**

Chapter **13**

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	<b>0.00</b>
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	<b>0.00</b>
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	<b>0.00</b>
Student Loan Obligations (from Schedule F)	<b>94,483.00</b>
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	<b>0.00</b>
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	<b>0.00</b>
TOTAL	<b>94,483.00</b>

**State the following:**

Average Income (from Schedule I, Line 12)	<b>2,890.69</b>
Average Expenses (from Schedule J, Line 22)	<b>2,230.00</b>
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14 )	<b>4,118.92</b>

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		<b>27,992.24</b>
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	<b>0.00</b>	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		<b>0.00</b>
4. Total from Schedule F		<b>99,235.99</b>
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		<b>127,228.23</b>

B6 Declaration (Official Form 6 - Declaration). (12/07)

**United States Bankruptcy Court  
Northern District of Georgia**

In re **Loy E Augustus Dubreze**

Debtor(s)

Case No. **15-59332**

Chapter **13**

**DECLARATION CONCERNING DEBTOR'S SCHEDULES - AMENDED**

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **20** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **July 16, 2015**

Signature **/s/ Loy E Augustus Dubreze**

**Loy E Augustus Dubreze**

Debtor

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.



UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF GEORGIA  
ATLANTA DIVISION

IN RE: : CHAPTER 13  
LOY E. AUGUSTUS DUBREZE : CASE NO: 15-59332-WLH  
Debtor. :

**CERTIFICATE OF SERVICE**

I, **Curtis L. Chronister Jr.**, certify that I am over the age of 18 and on **7/16/2015**, served the Creditors<sup>1</sup>, Trustee, and United States Trustee a copy of:

- Amended Schedules I & J, Amended Attorney's Compensation Statement, Amended Summary of Schedules, and Amended Debtor's Declaration (Amendments based on Trustee's Objections)

by electronically filing true and correct copies with the United States Bankruptcy Court, Northern District of Georgia, through the Case Management/Electronic Case Files system and Regular mail by depositing a copy of same in the United States Mail with sufficient postage thereon to ensure delivery.

**Respectfully submitted**, this 16<sup>th</sup> day of July, 2015.

\_\_\_\_\_/s/\_\_\_\_\_  
Curtis L. Chronister Jr.  
GA Bar No. 940565  
*Attorney for Debtor*  
Chronister Law Firm, LLC  
1805 Herrington Road  
Suite 3B  
Lawrenceville, GA 30043  
P (678) 551-7776  
F (678) 550-9187  
curtis@chronisterlawfirm.com

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<sup>1</sup> See attached creditor matrix

Label Matrix for local noticing  
113E-1  
Case 15-59332-wlh  
Northern District of Georgia  
Atlanta  
Mon Jun 29 17:26:21 EDT 2015

Acceptance Rentals  
4771 Britt Road  
GA 931840  
Norcross, GA 30003

Acceptance Rentals, Inc.  
c/o Sicay-Perrow & Knighten, P.C.  
P.O. Box 2108  
Atlanta, GA 30301-2108

Alcovy Falls Comm Assoc  
c/o GA Community Mgmt  
PO Box 2750  
Loganville, GA 30052-1964

(p)AMERICREDIT  
PO BOX 183853  
ARLINGTON TX 76096-3853

Americredit Financial Services, Inc. dba GM  
PO Box 183853  
Arlington, TX 76096-3853

Brooklyn College  
2900 Bedford Ave  
Brooklyn, NY 11210-2889

Carmen V. Porreca, P.C.  
4901 Olde Town Parkway  
Suite 303  
Marietta, GA 30068-5644

Curtis Lee Chronister Jr.  
Chronister Law Firm  
Suite 3B  
1805 Herrington Road  
Lawrenceville, GA 30043-7987

Credit Collections Svc  
Po Box 773  
Needham, MA 02494-0918

Credit Management  
4200 International Pkwy  
Carrollton, TX 75007-1912

Dept Of Ed/Navient  
PO Box 9635  
Wilkes Barre, PA 18773-9635

Loy E Augustus Dubreze  
435 Little Creek Road  
Lawrenceville, GA 30045-2220

Fair Collections & Out  
12304 Baltimore Ave Unite E  
Beltsville, MD 20705-1314

GM Financial  
PO Box 181145  
Arlington, TX 76096-1145

Gwinnett Hospital System Inc.  
GHS Resource Center  
665 Duluth Hwy, Ste 101  
Lawrenceville, GA 30046-3328

Paul R Knighten  
Sicay-Perrow & Knighten, P.C.  
P. O. Box 2108  
Atlanta, GA 30301-2108

Pinnacle Credit Service  
Attn: Bankruptcy Dept  
PO Box 640  
Hopkins, MN 55343-0640

Suntrust Mortgage  
Attn: MC VA-WMRK-7952  
PO Box 85092  
Richmond, VA 23285-5092

Nancy J. Whaley  
Nancy J. Whaley, 13 Trustee  
Suite 120  
303 Peachtree Center Avenue  
Atlanta, GA 30303-1286

The preferred mailing address (p) above has been substituted for the following entity/entities as so specified  
by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g)(4).

Americredit Financial Services, Inc.  
dba GM Financial  
PO Box 183853  
Arlington, TX 76096

The following recipients may be/have been bypassed for notice due to an undeliverable (u) or duplicate (d) address.

(u)Acceptance Rentals, Inc.

End of Label Matrix	
Mailable recipients	19
Bypassed recipients	1
Total	20